PTO/SB/17 (10-08)
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Under the Pa	perwork Reduction Act of	าษษร, no person are requi	rea to re	spond to a collectio				o control number	
Effective on 12/08/2004.				Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Num		10/824,331-Conf. #5408 April 14, 2004			
FEE TRANSMITTAL			_	iling Date	- -	Olivier J.A. Schueller			
For FY 2009			-	1 0		C. A. Simone			
Applicant claims small entity status. See 37 CFR 1.27			-	470		1794			
	<u> </u>			Art Unit			1004		
TOTAL AMOUNT OF PAYMENT (\$) 490.00		Attorney Docket No. H0498.70168			HU498.70168C	JS01			
METHOD OF	PAYMENT (check	all that apply)							
Check X Credit Card Money Order None Other (please identify):									
X Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.									
For the	above-identified depo	sit account, the Direc	ctor is h	ereby authorize	d to: (ched	ck all that apply)			
CI	Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCUL	LATION								
1. BASIC FILIN	G, SEARCH, AND E	XAMINATION FEES							
	FI	LING FEES	SEAF	RCH FEES	EXAMI	NATION FEES			
Application Ty	ype Fee (\$	Small Entity) Fee (\$) F	ee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)	
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70			
Plant	220	110	330	165	170	85			
Reissue	330	165	540	270	650	325			
Provisional	220	110	0	0	0	0			
2. EXCESS CLA	AIM FEES							Small Entity	
Fee Description Each claim over 20 (including Reissues) 52						Fee (\$) 26			
Each independent claim over 3 (including Reissues)							220	110	
Multiple depend	dent claims						390	195	
Total Claims	Extra Claims	s Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims				
10	- 61 or HP	_ x =			Fe	e (\$)	Fee Paid (<u>\$)</u>	
HP = highest number of total claims paid for, if greater than 20.									
Indep. Claims Extra Claims Fee (\$) 1 -10 or HP x =				Paid (\$)					
l ———	ber of independent claims	paid for, if greater than 3.							
3. APPLICATIO									
		xceed 100 sheets of p	aper (e	xcluding electr	onically fi	led sequence or	computer		
listings und	ler 37 CFR 1.52(e)),	the application size f	ee due	is \$270 (\$135 f	or small e	ntity) for each a	dditional 5	50	
1		35 U.S.C. 41(a)(1)(G)						ח-: (¢\	
<u>Total Sheet</u>				ditional 50 or frac			<u>ree</u>	Paid (\$)	
100 = /50 = (round up to a whole number) x = =									
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 2251 Extension for response within the second month 490.00									
SUBMITTED BY									
Signature		6		Registration No.	36,628	Telephone	617.64	6.8000	
Name (Print/Type)	Timothy J. Oyer	Ph D	10	Attomey/Agent)		Date /25	1/21/0		
rvaine (Fillio Type)	Timothy J. Oyel	711.0.				Date 0	1210	7	
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Certificate of Electronic Filing Under 37 CFR 1.8								
I hereby certify that this paper (along with any paper refe	erred to as being attached or enclosed) is being transmitted via the Office electronic filing							
Dated: May $\underline{\mathcal{U}}$, 2009	Signature: Datelle Galder ()							